

SCOIL RINCE RYAN LAVELLE

ANNUAL REGISTRATION FORM

Fee £15 per child with a maximum of £30 per family

To be completed by a parent/guardian.

Pupils Name:

Pupils Address:

Pupils DOB:

Doctors Name:

Doctors Address:

Medical History:

In particular, please let us know if your child has any health related issues that may be affected by dancing

Parents Name:

Parents Tel. No:

Email Address:

*Email or text will be the main contact for information. If possible,
Please provide two mobile nos, should we need to contact you urgently.
These details will not be passed to any third party, except in the
case of an emergency.*

Feb-16

Received / Signed

*To be completed by
either teacher only*

Registration Form completed YES / NO

Registration Fee enclosed YES / NO